

## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of  
Sirhan et al.

Examiner: Uyen T. Ho

Group Art Unit: 3731

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For: **METHOD AND DEVICE FOR  
THE TREATMENT OF  
VULNERABLE TISSUE SITE**

**REQUEST FOR CONTINUED  
EXAMINATION UNDER  
37 CFR §1.114**

Serial No.: 10/621,126

Filed: July 16, 2003

Atty. Docket No.: AVANP-00101

## CERTIFICATE OF TRANSMISSION PURSUANT TO 37 CFR §1.8

I hereby certify that this correspondence is being transmitted by facsimile to (571) 273-8300, Attn: Examiner Uyen T. Ho, Mail Stop RCE,  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 6, 2007 in San Francisco, CA.

By: 

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is a request for continued examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

**1. Submission required under 37 C.F.R. § 1.114**a. ☐ Previously submittedi. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on \_\_\_\_\_ (any unentered amendment(s) referred to above will be entered).ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_.iii. ☐ Other: \_\_\_\_\_.b. ☒ Enclosedi. ☒ Amendment/Replyii. ☐ Affidavit(s)/Declaration(s)iii. ☐ Information Disclosure Statement (IDS)iv. ☐ Other: Terminal Disclaimer

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2. **Filing Fees**

Description	Fee Code	Claims	Extra	Rate	Fee
RCE Fee	1801				\$810.
Independent Claims	1201	1 - 6 =	0 x	\$100.=	-0-
Total Claims	1202	10 - 94 =	0 x	\$25.=	-0-

Total Filing Fees Due.....\$810.

3. **Payment of Fees**

/ X / The Commissioner is authorized to charge the fees due, the deficiency of fees, and /or credit any overpayment of fees which may be required under 37 C.F.R. §§1.16 and 1.17 to Deposit Account No. 50-4358, referencing Atty. Docket No. AVANP-00101.

5. **Address all future communications to:**

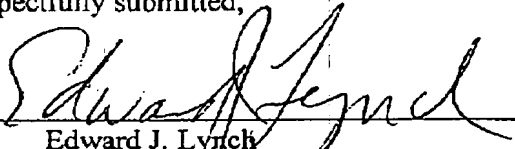
EDWARD J. LYNCH  
Patent Attorney  
One Embarcadero Center  
Suite 562  
San Francisco, CA 94111

6. **Other documents enclosed herewith:**

/ X / Change of Correspondence Address.

Respectfully submitted,

By:

  
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